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7590 04/07/2004
Rodel Holdings, Inc.
Suite 1300
1105 North Market Street
Wilmington, DE 19899

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BARBARA WILEY (Depositor's name)
Barbara Wiley (Signature)
7/6/04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/659,889	09/11/2003	John V.H. Roberts	099U1D3	4993

TITLE OF INVENTION: POLISHING PADS AND METHODS RELATING THERETO

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Nonprovisional	NO	\$1330	\$300	\$1630	07/07/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
OJINI, EZIAMARA ANTHONY	3723	451-548000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

JOAN TAFT KLUGER
BLAKE T. BIEDERMAN
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ROHM AND HAAS ELECTRONIC MATERIALS CMP HOLDINGS, INC. WILMINGTON, DE (US)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ Issue Fee
- ☒ Publication Fee
- ☐ Advance Order - # of Copies

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- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 500618 (enclose an extra copy of this form).

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(Authorized Signature) (Date)
July 6, 2004

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01 FC:1501 1330.00 DA
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TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial Number: 10/659,889Confirmation Number: 4993Title: POLISHING PADS AND METHODS RELATING THERETOAttorney Docket Number: 099UID3

ISSUE FEE TRANSMITTAL LETTER

VIA FACSIMILE

703 746-4000

Mail Stop Issue Fee

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following:

1. X Issue Fee Transmittal (PTOL-85B).
2. X Authorization to charge \$1,630.00 to Deposit Account No. 500618.

July 6, 2004
Date

Blake T. Biederman
Attorney for Applicant(s)
Reg. No. 34,124

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